

LUMP SUM PAYMENT REQUEST

Contact HR at (608)785-8013 or hrinfo@uwlax.edu if you have questions on completing this form.

Form Instructions

In order to pay a lump sum to an employee, hiring department must first complete these steps:

1. Prior to the work beginning, complete an Employee Action Form (EAF) for each employee. This gives Human Resources the time to review the request, set up the lump sum job, and collect employment paperwork from the employee prior to the work beginning.
 - For student employees, use the Student EAF and indicate "lump sum" in the pay rate field on the form.
 - For non-students, use the EAF and indicate a "LS-Short Term" as the employee type.
2. Receive approval from Human Resources to pay lump sums for these duties.
3. Complete a Lump Sum Payment Request form for each payment. Consecutive payments can be included on one payment form. For non-consecutive payment, please complete multiple lump sum payment forms. HR will choose payments dates based on dates worked and date the form is received.
 - For student employees, payments will be on biweekly payroll and forms must be received by the deadline listed on the bi-weekly payroll calendar. (<https://www.uwlax.edu/human-resources/payroll/biweekly-payroll/>)
 - For non-students, payments will be on monthly payroll and forms must be received by the deadline listed on the monthly payroll calendar. (<https://www.uwlax.edu/human-resources/payroll/monthly-payroll/>)

Note: this form/process should not be used to replace the overload payment form for full-time UWL employees.

Employee Information

Employee name:	Employee ID #:
Department:	Working Title:
Employee Type:	EAF completed: Yes No

Lump Sum Information

Indicate dates worked for this specific payment, not the entire time frame the employee will be working, payment cannot be made until after work end date. For non-consecutive payment, please complete multiple lump sum payment forms.

Start Date:	End Date:
Payment amount:	Number of hours worked: (for ACA compliance)
Description of duties: (Provide a brief description of the duties performed and justification for payment amount)	

Funding Information

Fund (3 digits)	IBAC/Program (2)	UDDS/Department (6)	% (must sum to 100%)

Supervisor Approval

	Printed name	Signature	Date
Supervisor approval:			
Dean/director level approval:			
Budget approval: (non-students only)			

To be completed by: Human Resources

Empl rec #	HR Review <small>(initial & date)</small>	# of Pays	Pay date(s):		Audit <small>(initial & date)</small>